

Beneficiary Designation

Minnesota Life Insurance Company, a Securian Financial Group affiliate
400 Robert Street North • St. Paul, MN 55101-2098

MINNESOTA LIFE

Name of employer Fairfax County Government		Group policy number 29267	
Insured's name (last, first, middle initial)		Employee ID number	
Street address	City	State	Zip code

PRIMARY BENEFICIARY(IES). All of my death benefit shall be payable in equal shares (unless otherwise specified)* to the following persons. To receive the death benefit, a beneficiary must be living at the time of the insured's death. In the event a primary beneficiary is not living at the time of the insured's death, that beneficiary's portion shall be equally distributed to the remaining surviving primary beneficiaries. In the event of the simultaneous death of the insured and a beneficiary, the death benefit will be paid as if the insured survived the beneficiary.

PRIMARY BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO THE INSURED	SHARE %*	DATE OF BIRTH

CONTINGENT BENEFICIARY. If none of the persons named as Primary Beneficiaries survives me, all of my death benefit shall be payable in equal shares (unless otherwise specified)* to the following persons. To receive the death benefit, a contingent beneficiary must be living at the time of the insured's death. In the event a contingent beneficiary is not living at the time of the insured's death, that beneficiary's portion shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous death of the insured and a beneficiary, the death benefit will be paid as if the insured survived the beneficiary.

CONTINGENT BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO THE INSURED	SHARE %*	DATE OF BIRTH

Any previous designation of death beneficiary made by me is hereby revoked, and I reserve the power to change, modify or revoke this designation at any time by an instrument, similar in form to this one, delivered to and accepted by Securian Life. I understand my request to add or change a beneficiary will take effect as of the date it is signed but will not affect any payment made or action taken before receiving this request.

Insured's Signature X	Date
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PLEASE SEND ENTIRE FORM TO:

Department of Human Resources
12000 Government Center Parkway, Suite 270
Fairfax, VA 22035

EXAMPLES OF BENEFICIARY DESIGNATIONS

- If there is only one person designated, you need not designate a contingent. For example: Jane Doe, wife.
- If naming a Formal Trust, the following information is needed:

Full Name of Trustee	Address (if Institution)
Name of Trust	Date of Trust

Example 1: If only one person is to receive the proceeds.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %	DATE OF BIRTH
Primary	Mary Doe 123 4th Street Somewhere US 98765	Daughter	100%	01/01/1973

Example 2: If a primary beneficiary is to receive the proceeds first, followed by a contingent beneficiary, if the primary beneficiary is deceased.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %	DATE OF BIRTH
Primary	Jane Doe 123 4th Street Somewhere US 98765	Wife	100%	11/02/1968
Contingent	The then living child or children born of the Insured's marriage with the said Jane Doe.			

Example 3: If a primary beneficiary is to receive the proceeds first, followed by contingent beneficiaries who will share funds equally, if the primary beneficiary is deceased.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %	DATE OF BIRTH
Primary	Jane Doe 123 4th Street Somewhere US 98765	Wife	100%	11/02/1968
Contingent	Nancy Doe 123 4th Street Somewhere US 98765	Sister	50%	04/15/1951
Contingent	Jim Doe 123 4th Street Somewhere US 98765	Father	50%	02/22/1962

Example 4: If a primary beneficiary is to receive the proceeds first, followed by contingent beneficiaries who will share funds according to a specific split, if the primary beneficiary is deceased.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %	DATE OF BIRTH
Primary	Mary Doe 123 4th Street Somewhere US 98765	Friend	100%	01/01/1973
Contingent	Beth Doe 123 4th Street Somewhere US 98765	Daughter	75%	03/14/1949
Contingent	Jack Doe 123 4th Street Somewhere US 98765	Son	25%	07/26/1967

Example 5: If beneficiary is a formal trust.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %	DATE OF BIRTH
Primary	John Doe-Trustee, his successors or successor in trust under the John Doe Revocable Trust Agreement . Executed by the insured on June 1, 1991.			

DO NOT SEND COPY OF TRUST UNTIL PRESENTING A CLAIM.